

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**Apr 11 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000090155 (9)

1. Corporation Name
INTERVENTION ASSOCIATES, INC.



Principal Place of Business
**376 SHORES BLVD.
ST AUGUSTINE FL 32086**

Mailing Address
**376 SHORES BLVD.
ST AUGUSTINE FL 32086-7346**

3. Date Incorporated or Qualified: **11/21/1995**
3a. Date of Last Report: **03/14/1996**

2. Principal Place of Business
21 **8000-B U.S. ONE SOUTH**
Suite, Apt. #, etc.

2a. Mailing Address
26 **Same**
Suite, Apt. #, etc.

4. FEI Number: **59-3361712**
Applied For:
Not Applicable:

22 City & State

27 City & State

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23 **St. Augustine FL**

28 **Same**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

24 **32084** 25 **USA**

29 **Same** 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**FERGUSON, JAMES E
376 SHORES BLVD.
ST AUGUSTINE FL 32086**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D FERGUSON, JAMES E	1.2 NAME	PRESIDENT
STREET ADDRESS	376 SHORES BLVD.	1.3 STREET ADDRESS	INTERVENTION ASSOCIATES, INC
CITY-STATE-ZIP	ST AUGUSTINE FL 32086	1.4 CITY-STATE-ZIP	8000-B U.S. ONE, SOUTH ST AUGUSTINE, FL 32084
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James E Ferguson **March 24 - 97** 904 829 5566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)